

TEFT Demonstration: Promising Practices

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Facilitating Person-Centered Health Care Through Inclusive Design of Technology

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INTRODUCTION

A common thread woven through the Testing Experience and Functional Tools (TEFT) demonstration objectives is the use of technology to enhance person-centered health care. The health care industry has experienced rapid expansion in the use of electronic health records (EHRs), personal health records (PHRs), and other health information technology (HIT) data, along with a corresponding increase in the software systems that collect and manage these data. This growth has created a culture that encourages everyone in the care continuum to be involved in patient decision-making processes.

HIT enables consumers and/or their caregiver(s) to take an active role in the management of their care. The federal government has driven this movement toward person-centered care, and it continues to gain momentum. Ultimately, these health care advances drive improvements in the patient's experience and quality of care and in reduced service fees.

The *Federal Health IT Strategic Plan for 2015–2020* includes several objectives that promote person-centered health care.¹ These objectives include the following:

- Empower the individual, family, and caregiver in their health management and engagement.
- Increase access to and usability of high quality electronic health information and services.
- Increase beneficiary and market confidence in the confidentiality and safe use of HIT products, systems, and services.

The Office of the National Coordinator (ONC) for HIT Nationwide Interoperability Roadmap also includes person-centered goals.² The Roadmap describes the person at the center of a learning health system that can continuously improve care, public health, and science through near real-time data access.

Target Audience and Article Contents

This TEFT Promising Practice article is intended to inform the following types of audiences:

- Demonstration grantees as they continue project work related to PHRs.
- States considering implementation of PHRs, other electronic data, or standards involving access to and use of information technology.
- Other stakeholders interested in incorporating aspects of TEFT into related endeavors.

The following sections of this Promising Practices article provide information and resources related to making HIT more accessible and usable for people in community-based long-term services and supports (CB-LTSS) programs.

- ✓ First, we define the terms *accessibility* and *usability* as they relate to all technology users in CB-LTSS programs.
- ✓ Second, we briefly summarize federal legislation and internationally accepted guidelines that address these topics.
- ✓ Third, we discuss the marketplace gap between the user's needs and what is available in current PHR systems.
- ✓ Fourth, we provide practical illustrations of how to address this gap.



- ✓ Fifth, we highlight promising practices that are designed to integrate the needs of CB-LTSS users with the capabilities of technology. We provide specific strategies that will help readers create accessible and usable person-centered HIT systems through a series of examples.
- ✓ Finally, we provide resources that will support CB-LTSS users as they delve into this process.

I. ACCESSIBILITY, USABILITY, AND INCLUSIVE DESIGN

A person-centered approach to CB-LTSS health care must be created for technology users with different backgrounds and skill sets, so the technology is usable by every person. The design should allow all people, regardless of their age, sex, mobility, ethnicity, or circumstances, to utilize a system with success and satisfaction. This is called inclusive design.

A CB-LTSS system that is *accessible* is useful, usable, and satisfying to all people.³ An accessible system provides special computer functions that accommodate an array of user needs, such as keyboard shortcuts, predictive text, spell check, screen magnification, and screen readers. A system that is *usable* includes ease-of-use features and has visual consistency among other characteristics that facilitate usability for the average person. It is possible to have a usable system that is not accessible. The goal for any person-centric technology process is to incorporate both accessibility and usability.

The challenge today is that health information technologies have not been successful in incorporating accessibility and usability needs across a variety of users. For example, most PHRs are designed using highly clinical language and lack practical information required

by patients, their caregivers, and family members. PHRs generally obtain information directly from electronic health records (EHRs) or other clinical systems, which may have language that is difficult to understand. Many of these challenges can be addressed by using industry standards for accessibility and usability.

II. GUIDANCE FOR ACCESSIBILITY AND USABILITY

Federal Legal Requirements

The federal government has acknowledged the importance of accessibility and usability. One response was to incorporate the legal requirements for creating web-based health data and HIT systems for use by individuals with disabilities into several comprehensive legislative acts. The information contained in the data dictates which laws must be followed. Appendix 1 briefly describes the following laws and highlights sections that pertain to technology:

- Americans with Disabilities Act of 1990⁴
- Rehabilitation Act Amendments of 1998, Section 508⁵
- Patient Protection and Affordable Care Act of 2010⁶

International Guidelines

Web Content Accessibility Guidelines (WCAG) version 2.0 were published in 2008.⁷ They became an International Organization for Standardization (ISO) and International Electrotechnical Commission (IEC) standard, ISO/IEC 40500:2012, in October 2012.⁸ This standard is part of a series of accessibility guidelines published by the Web Accessibility Initiative (WAI) of the World Wide Web Consortium (W3C), which sets international standards for the Internet. WCAG requirements



and conformance criteria address the needs of technology users who have disabilities as well as older users with accessibility needs related to aging.⁹ The guidelines address both web and mobile accessibility. Including WCAG 2.0 requirements in the design of health-related technologies is the best means to make a product useful to all users.

WCAG 2.0 Principles

Although the WCAG 2.0 guidelines do not contain an all-inclusive list of solutions for challenges facing web users with disabilities, the guidelines are internationally recognized and adopted standards that continue to surface in private and public requirements. The guidelines explain how to solve many of the challenges that users with disabilities face and include four principles:

1. Perceivable
2. Operable
3. Understandable
4. Robust

The first principle focuses on three main senses: sight, sound, and touch. It ensures that all information on a website can be perceived by all users and that they can “see” and consume it in their own way.

The principle of a website being operable is about actions people take when browsing a website. Ensuring that a website is operable means all functions are accessible from a computer keyboard and navigation features can be performed. Users should not be limited to use of a mouse or pointers.

For a website to be understandable, it must use clear terms, have simple instructions, and explain complex challenges. Simply put, the

website must function in a user-friendly manner. This includes addressing user errors in clear language with minimal instruction on how to correct them and making events on the page predictable.

Websites that are easy to use can seamlessly integrate with third-party technology (e.g., industry standard web browsers and screen readers). The website must meet recognized standards, such as using clean Hypertext Markup Language (HTML) and Cascading Style Sheets (CSS).

WCAG 2.0 Levels

The WCAG 2.0 address three levels of conformance:

- Level A – the most basic web accessibility features
- Level AA –the most common barriers for disabled users
- Level AAA – the highest (and most complex) level of web accessibility

For most websites, a combination of Level AA and Level AAA is the best target. This is primarily because not all Level AAA requirements can be applied to all websites. The goal should be to achieve the highest level of conformance, even if that means using a combination of levels or setting phases that will progressively achieve the highest levels.

WCAG 2.0 Guidelines

The WCAG 2.0 have specific guidelines that address each principle and include options for Level A, Level AA, or Level AAA. There are a total of 12 guidelines with technical specifications for implementation. The guidelines are as follows:



- **Guideline 1.1 – Text Alternatives:** Provide text alternatives for any non-text content so that it can be changed into other forms people need, such as large print, braille, speech, symbols, or simpler language.
- **Guideline 1.2 – Time-Based Media:** Provide alternatives for time-based and synchronized media, such as audio and video files.
- **Guideline 1.3 – Adaptable:** Create content that can be presented in different ways (e.g., simpler layout) without losing information or structure.
- **Guideline 1.4 – Distinguishable:** Make it easier for users to see and hear content, such as separating foreground from background.
- **Guideline 2.1 – Keyboard Accessible:** Make all functionality available from a keyboard.
- **Guideline 2.2 – Enough Time:** Provide users sufficient time to read and use content.
- **Guideline 2.3 – Seizures:** Do not design content in a way that is known to cause seizures.
- **Guideline 2.4 – Navigable:** Provide ways to help users navigate, find content, and determine where they are on the website.
- **Guideline 3.1 – Readable:** Make text content readable and understandable (e.g., using plain language).
- **Guideline 3.2 – Predictable:** Make web pages appear and operate in predictable ways.
- **Guideline 3.3 – Input Assistance:** Help users avoid and correct mistakes.
- **Guideline 4.1 – Compatible:** Maximize compatibility with current and future

user agents, including assistive technologies.

WCAG 2.0 Summary

WCAG 2.0 provides the most comprehensive web accessibility standard available today. Although WCAG standards are not law in the United States, many organizations use them as a guide for inclusive web design, and it is possible that the federal government will require them in the near future. For example, the Department of Justice issued a supplemental advance notice of proposed rulemaking (SANPR) on May 9, 2016.¹⁰ The agency communicated that it is considering a revision to the regulation implementing Title II of the Americans with Disabilities Act. The purpose of the revision is to establish specific technical requirements to make accessible the services, programs, or activities that state and local governments offer to the public via the Internet.

By implementing an inclusive design approach for accessibility solutions established by Section 508 of the Rehabilitation Act and W3C WCAG 2.0, technology-enabled health resources can be structured to accommodate people with a wide variety of technology needs.

Certified EHR requirements (§170.204(a))

Any capabilities of the EHR technology that permit patients and/or their authorized representatives to download and transmit health information also must be in conformance with WCAG 2.0 Level A (incorporated by reference in §170.299).

III. PHR MARKETPLACE GAP

Research findings show an unmitigated gap between the user's needs and what is available

in PHR systems today. For example, Basdekis, Sakkalis, and Stephanidis studied PHRs from various sources (Microsoft® Health Vault, Google Health, PatientsLikeMe®, PatientSite, WebMD® Health Manager, MyPHR®, My Revolution, and NoMoreClipboard®).¹¹ They examined physical appearance, number of inputs, font size, color and number of colors, and availability to mobile devices, among other characteristics. PHRs from October 2010 to June 2011 were evaluated against WCAG 2.0 conformance. The reviewed PHRs failed to meet the needs of individuals who have disabilities and incorporate adequate accessibility and readability levels. Every PHR reviewed failed to achieve Level AA conformance levels. Using the W3C recommended standards as the minimum requirements for PHR web development seems obvious, yet this has not been the case for most, if any, PHR systems.

As highlighted in this article, it appears that most HIT products have been developed for the average user and have not taken into consideration the diversity of all people.

IV. SOLUTION EXAMPLES

Using the WCAG 2.0 guidelines will allow the design of health-related technology to include elements that will solve problems for many users, including those with disabilities.

In an earlier section, we mentioned an example of complicated clinical text that would be difficult for many users to interpret. WCAG 2.0 Guideline 3.1 Readable includes Success Criterion 3.1.5 Reading Level. This guidance states that content should be as clear and simple as possible. Supplemental content is required when text demands reading ability that is more advanced than the lower secondary education

level (more than nine years of school). Such text can present substantial obstacles to people with reading disabilities, and it also may be difficult for some people without disabilities.

Another example includes user challenges with navigation of a website. WCAG 2.0 Guideline 2.4 – Navigable is designed to help users find the content they need and allow them to keep track of their location. These tasks often are more difficult for people with disabilities. They require that the user be oriented to their current location and that information be available about the possible destination. Success Criterion 2.4.6 Headings and Labels (AA) is intended to make section headings within web content descriptive. Descriptive headings help users find specific content and orient themselves within the web page. This makes navigation easier for individuals with disabilities that impact pace of reading and those with limited short-term memory. This also can help reduce the number of keystrokes for people who have difficulty using their hands or those who experience pain when using a mouse.

These are two examples of WCAG 2.0 criteria that can benefit a wide range of users of a technology such as PHRs. As stated earlier, incorporating the highest level of conformance for the WCAG 2.0 into product development will ensure the most accessible and usable system.

V. STEPS TO ENSURE ACCESSIBILITY AND USABILITY OF HEALTH CARE DATA FOR CB-LTSS USERS

There are several steps grantees or other stakeholders can take to ensure appropriate development of a CB-LTSS accessible and usable HIT system. We focus on PHRs, but



these principles also apply to other types of electronic health data and their HIT systems.

The steps should follow the order of knowing your target audience and requirements, adopting the principles of an inclusive design approach, communicating your needs to the team or vendor who will develop the system, and testing the approach. These steps are similar to those described as *Design Thinking*: empathize, define, ideate, prototype, and test.¹²

In each section below, we walk through steps for developing systems that incorporate standards and facilitate the use of PHRs by a wide variety of users, including CB-LTSS users. Readers who would like additional information about these steps are encouraged to access the resources listed in the reference list and in Appendix 2. The appendix resources are categorized into the following topics:

- Standards and requirements
- Procurement support
- Designs for specific populations or services
- Website evaluation

Step 1: Ensure Comprehension of Accessibility and Usability Requirements

CB-LTSS usability and accessibility requirements should be included in PHR system design documents. Whether grantees are procuring a PHR system or building one internally, the federal legal requirements and WCAG 2.0 guidelines must be understood and followed carefully, because they will assist in the development of detailed system requirements. Anyone involved in design, development, or testing also should be keenly

aware of usability and accessibility requirements.

If grantees are procuring a PHR system, the legal requirements and WCAG 2.0 accessibility guidelines need to be understood in order to develop vendor requirements. Grantees can select the products that best serve their users by understanding user requirements. If grantees are asking a vendor to supply requirements in response to a Request for Proposal, they should ensure a comprehensive understanding of what is expected to be included in proposals. Focus on key terms that should be reflected in vendor responses such as *on-screen assistance*, *simple design*, and *alternative text*. These and other responses to user needs should be part of requirements for developing an accessible system.

Step 2: Adopt a Person-Centered Design Approach

There are emerging trends in the industry that address person-centered HIT design. Person-centered design, participatory design such as Design Thinking,¹² and interaction design are examples of approaches to solving complex accessibility and usability challenges and to finding meaningful solutions. Person-centered design keeps the diversity and uniqueness of each individual in mind and creates products that are accessible to and usable by as many people as possible.

Person-centered design is not widely employed in PHR development in the current marketplace. Occasionally, user satisfaction surveys are conducted after the implementation of finished systems; however, the risk of waiting until post-implementation can be quite costly and disruptive. Person-centered design and user participatory design approaches match the



product to users' needs and capabilities at the forefront of development. They invite a broad and diverse set of users to be part of the design team. The full benefits of person-centered design are likely to occur when user input is incorporated early in the design and evaluation process. For example, engaging from the beginning an older adult, a young mother, or a teenager with diabetes ensures that their reactions shape development according to what is important to the users.

Person-centered design is an approach to designing and developing software or products where a professional team focuses on user needs in an iterative fashion throughout the product life cycle.

An inclusive design approach includes participatory design in early stages of technology development. Participatory design involves all contributors in a co-design process to ensure that their minimum requirements are met. This approach allows everyone, including non-designers, to provide input to help envision and create an optimal future state. It is an iterative prototyping process of storyboarding, creating, and enacting. Users can participate in a number of ways, including the following:

- Oversight and approval of the content
- Selection of the look and feel of the site
- Choice of functionality
- Creation of content
- Creation of the entire product

When developing requirements for a PHR system, the individuals who will be using the system should be included through some level of participation in preliminary information gathering or through participation in the design group. Grantees could select beneficiaries from their targeted population to be part of the design

team, or they could establish workgroup meetings with beneficiaries to discuss needs and wants related to PHRs to assist in development of requirements. There is no better way to ensure use of a system than to involve beneficiaries who will be accessing the system during the initial phases of development. This is especially true for those who are expected to use a system frequently for health care issues.

Step 3: Communicate and Validate Internal Team or Vendor Understanding of Accessibility Requirements

Before TEFT grantees or vendors move forward in the development of the PHR system, it is critical to validate the team's understanding of accessibility requirements. Create a checklist of items to discuss with the internal team or vendor.¹³ This checklist should consist of all accessibility requirements and should include an action plan to ensure that accessibility requirements are met, including testing with users from various populations.

Validating requirements should not be a one-time event. Checkpoints should be made to ensure that the internal state team or vendor is on the right path. For example, at the end of testing, results should be discussed in order to decide on the need for further testing or refinement of system requirements.

Step 4: Include Beneficiaries as Part of the Testing Team

Grantees should choose beneficiaries from their target populations to test the PHR. This group should be separate from the design team to simulate new users who have no experience with the system. Results of their tests will provide unbiased, naive feedback. Testing should be



iterative until maximized usability and accessibility of the system for the targeted population are achieved.

For grantees designing a PHR system, the internal development team needs to work closely with the beneficiaries who are selected to help test the product. Grantees procuring a PHR system will need to communicate closely with the vendor to ensure that requirements are met. The vendor should be obligated to conduct testing with targeted individuals and report all results and necessary changes back to the grantees so that they can determine the next steps.

To date, there are no known PHR systems that have been designed specifically for the CB-LTSS community. If a vendor claims that their software is fully accessible, testing will be required with targeted individuals to confirm usability and accessibility. Testing methodology and results should be reviewed by the internal team to ensure the highest quality outcome. Through this process, grantees can help drive vendor improvements to systems that account for better accessibility and usability.

CONCLUSION

Accessibility and usability are critical requirements when developing a PHR or other HIT system for the CB-LTSS community. Designing a state-of-the-art system that appears streamlined but does not address these critical challenges can fail early in implementation. However, developing a usable and accessible system from the beginning can prevent many long-term problems such as support costs, system changes, or user dissatisfaction and disuse. By addressing usability and accessibility through thoughtful and inclusive designs that meet current standards and through iterative

testing of the designs, system developers and implementers can prevent poor user experiences and ensure development of PHR systems that invite sustained, long-term use.

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APPENDIX 1: FEDERAL LEGAL REQUIREMENTS

Americans with Disabilities Act of 1990

The Americans with Disabilities Act (ADA) of 1990 is a broad civil rights law that protects individuals with disabilities from discrimination.⁴ Several sections address technology. ADA Titles II and III require state and local governments and the business sector to provide effective communication whenever they correspond through the Internet. The effective communication rule applies to covered entities using the Internet for messages regarding their programs, goods, or services, because they must be prepared to offer those communications via an accessible medium. The law also specifically addresses the needs of people with visual disabilities.

Rehabilitation Act Amendments of 1998, Section 508

Section 508 of the Rehabilitation Act was enacted to eliminate barriers in information technology, open new opportunities for people with disabilities, and encourage development of technologies that will help achieve these goals.⁵ The law applies to all federal agencies when they develop, procure, maintain, or use electronic information technology. Under Section 508 (29 U.S.C. 794d), agencies must give employees with disabilities and members of the public access to information that is comparable to access available to others. States that receive federal funds under the Technology Related Assistance for Individuals with Disabilities (TRIAD) Act of 1988 also are required to comply.

The Affordable Care Act

The Affordable Care Act introduced health reforms that were enacted in 2010. Section 1557(c) contains requirements for the provision of auxiliary aids and services, including alternative formats and sign language interpreters, and for the accessibility of programs offered through electronic information technology.⁶ Section 92.204(a) addresses a covered entity's responsibilities in making electronic information technology in health programs and activities accessible to people with disabilities.

APPENDIX 2: ACCESSIBILITY AND USABILITY RESOURCES

Standards and Requirements

[Inclusive Design Research Centre \(IDRC\) home page.](#)

The IDRC conducts research and development at OCAD University in Toronto. Staff members are open source developers, designers, researchers, advocates, and volunteers who collaborate on activities related to inclusive design. Among other services, they help generate design and development practices, including creation of tools that others can use. Their website contains useful resources, tutorials, and other educational materials.

[International Organization for Standardization and International Electrotechnical Commission \(ISO/IEC\) Guide for Addressing Accessibility in Standards: ISO/IEC Guide 71:2014.](#)

The ISO/IEC guide reviews accessibility requirements and standards for products, services, and built environments. It contains a summary of current technology related to accessibility as of 2014, challenges to consider in the standards development process, accessibility goals, descriptions of user needs, and design considerations.

[United States Access Board. Section 508 Standards for Electronic and Information Technology. Published in the Federal Register December 21, 2000.](#)

This website contains the full text from Section 508 of the Rehabilitation Act. It contains background on the process for updating the requirements and sources of information on accessibility and accessible design.

[W3C Web Accessibility Initiative \(WAI\) home page.](#)

This valuable website has many resources. It covers internationally approved requirements for accessibility, and it explains how to meet these requirements through documents and tutorials. It reviews essential components of Web development and interaction for people with specific disabilities and for older people.

Procurement Support

[California State University \(CSU\). Procurement Process. CSU Accessibility Requirements.](#)

The procurement process defines steps to ensure that programs, services, and activities are accessible. Although it is specific to technology products used in the university setting, the steps of gathering information and reviewing the product or service are applicable to other settings.

[Ireland National Disability Authority. Writing an RFT \(request for tenders\).](#)

This website contains many resources related to accessibility criteria and quality assurance for procurement of specific technologies, including websites (commercial or individually designed), public access terminals, application software, telecoms, and smart cards. The site

includes a procurement toolkit with specific guidance for writing an order; assessing the service or product; developing accessible software, hardware, or other IT systems; evaluating the deliverable; and maintaining accessibility. Although the website is geared toward European users, its universal design principles are applicable to the United States.

Designs for Specific Populations or Services

[Accessible Personal Health Records project website.](#)

This website describes a project funded by the National Institute on Disability and Rehabilitation Research that is designed to make personal health records (PHRs) accessible and usable. It contains a report that evaluates existing PHR systems for accessibility, usability, and functionality. A second report describes a set of interactive PHR prototypes that were tested for accessibility and usability.

[Agency for Healthcare Research and Quality. Health Literacy Measurement Tools \(Revised\)](#)

AHRQ provides three brief tools to measure *health literacy*, defined as individuals' reading comprehension in a medical context: Short Assessment of Health Literacy–Spanish and English (SAHL-S&E); Rapid Estimate of Adult Literacy in Medicine Revised–Short Form (REALM-SF); and Short Assessment of Health Literacy for Spanish Adults (SAHLSA-50). The tools help determine the user's capacity to obtain, process, and understand basic health information and services. Additional tools to measure health literacy can be found in the [Health Literacy Tool Shed database](#), which contains extensive information and resources related to health literacy.

[DeafHealth home page](#)

This organization provides health education in American Sign Language using videos. Topics include information about specific diseases, common medical tests, and finding local physicians who are supportive of the deaf community.

[Nielsen Norman Group. Usability Guidelines for Accessible Web Design](#)

This report addresses techniques for designing websites for people with visual and motor impairments who use assistive technology such as screen readers, braille readers, and screen magnifiers. It also presents tips to enhance ease of use and to increase productivity.

[NonVisual Desktop Access \(NVDA\) home page.](#)

This website provides a free screen reader, which reads the text on the screen in a computerized voice or converts the text into Braille. It can be used to test the accessibility of products for people with visual impairments.



Website Evaluation

[WebAIM.org.Home page.](#) Logan, UT: Center for Persons with Disabilities, Utah State University.

WebAIM helps organizations make their web content accessible to people with disabilities. They offer training and certification as well as technical assistance. They also evaluate sites, offer suggestions on how to enhance accessibility, and provide reports of compliance with WCAG 2.0 and Section 508 of the Rehabilitation Act.



ABOUT THE TEFT DEMONSTRATION

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THIS PROMISING PRACTICE SERIES

In March 2014, the Centers for Medicare & Medicaid Services (CMS) awarded Testing Experience and Functional Tools (TEFT) planning grants to nine states to test quality measurement tools and demonstrate e-health in Medicaid community-based long-term services and supports (CB-LTSS). The grant program is designed to field test an experience of care survey and a set of functional assessment items, demonstrate personal health records, and create a standard electronic LTSS record.

Grantees are participating in one or more of the four TEFT components:

- **Experience of Care (EoC) Survey.** The EoC survey elicits feedback on beneficiaries' experience with the services they receive in Medicaid CB-LTSS programs. In contrast to many other experience or satisfaction surveys that are disability-specific, the home and community-based service (HCBS) EoC survey was designed so that individuals with different types of disabilities (e.g., physical, cognitive, intellectual, behavioral) could respond to the same questionnaire, thus enabling comparisons across programs and disability groups within a state. As contractor to CMS, Truven Health Analytics conducted a field test of the survey with CB-LTSS beneficiaries in all nine grantee states. The beneficiaries represented a range of ages and had various conditions or disabilities, including frailty, physical disability, intellectual and developmental disability, acquired brain injury, and severe mental illness. Many of the participating states saw this as an opportunity to contribute to the validation of the survey while simultaneously gaining access to beneficiary input on their programs without having to fund the survey effort themselves. In the out years of the demonstration, grantees will administer the finalized survey to their CB-LTSS beneficiaries and use the results to assess and improve quality in their programs. This component also involves seeking a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) trademark and National Quality Forum (NQF) endorsement for survey measure(s).
- **Functional Assessment Standardized Items (FASI).** Under prior initiatives, CMS invested in the development of functional assessment standardized items for use in post-acute care settings. TEFT grantees will provide a sample of beneficiaries across disabilities upon which the adapted FASI will be field tested in 2016. Following the field test, the CB-LTSS items will be finalized and grantees then will demonstrate their use in their CB-LTSS programs.
- **Personal Health Record (PHR).** Grantees will demonstrate use of PHR systems with beneficiaries of CB-LTSS. The PHR is intended to provide CB-LTSS grantees with a range of personal LTSS and health information to facilitate decision-making about care. The PHR can encourage a more active role for beneficiaries and their caregivers in managing care and result in better outcomes through more efficient management of services.



- **Electronic Long-Term Services and Supports Standard (eLTSS)** – Grantees will pilot test an eLTSS standard in conjunction with the Office of National Coordinator’s (ONC) Standards and Interoperability (S&I) Framework.

This document is the fourth in a series of several Promising Practice offerings that the TEFT Technical Assistance Contractor will issue over the course of the TEFT Demonstration. These Promising Practices draw upon the experiences of TEFT grantees as they address its various components. They are intended to inform the ongoing work of the Demonstration grantees as well as other stakeholders interested in incorporating aspects of TEFT into related endeavors.



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